CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51								/
2							52								/
3							53						/		
4							54						/		
5							55						/		
6							56						/		
7							57								/
8							58								/
9							59								/
10							60								/
11							61								/
12							62								/
13							63								/
14							64								/
15							65								/
16							66								/
17							67								/
18							68								/
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20							70						/		
21							71								/
22							72								/
23							73								/
24							74						/		
25							75								/
26							76								/
27							77								/
28					/		78								/
29					/		79								/
30					/		80								/
31					/		81								/
32					/		82						/		
33					/		83								/
34							84								/
35					/		85								/
36					/		86								/
37					/		87								/
38					/		88								/
39				/			89						/		
40					/		90								/
41					/		91								/
42					/		92						/		
43					/		93								/
44					/		94								/
45					/		95								/
46					/		96								/
47					/		97								/
48				/			98						/		
49					/		99								/
50					/		100								/
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Application Number: 09/830 986

Filing Date:

	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/				
2		/.				
3		/..				
4		/.				
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45						
46						
47						
48						
49						
50						
Total Indep	11					
Total Depend	48					
Total Claims	59					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						